Image# 26930383390

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		Structions)	Office use only
1. NAME OF COMMITTEE (in	(Check if na is changed)	me Example: If typying, type over the lines	12FE4M5
	ON LETTER CARRIERS POL	ITICAL EDUCATION (LETTER	CARRIERS POLI-
		<u> </u>	
ADDRESS (number and	street) 100 INDIANA A	VE., N. W.	
(Check if address is changed)	washington		DC 20001 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI			1
	9		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 2027371540	IUMBER		
2. DATE M N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00023580	
4. IS THIS STATEM	ENT NEW (N)	OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of	my knowledge and belief it is true, correc	and complete
Type or Print Name of	Treasurer Mr. Normai	ı C. Le Frois	
Signature of Treasurer	Electronically Filed by Mr. N	Norman C. Le Frois	Date 09 / 20 / Y Y Y Y
NOTE: Submission of fal	·	ion may subject the person signing this S	otatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission FEC FORM 1

	FEO For n	n 1 (Revised 02/2003)	Page 2
5.	TYPE OF COI	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L	
	(d) X (e)	This committee is a (National, State (or subordinate) committee of the This committee is a separate segregated fund	(Democratic, Republican,etc.) Party.
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
1			ı
∟ -			
<u> </u>	Mailing Address		
	Mailing Addres		
		CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship		
	Type of Conne	ected Organization:	
	Corpo	oration Corporation w/o Capital Stock Labor Organi	zation
	Mem	bership Organization Trade Association Cooperative	

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Write or Type Committee Name

COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL AC ON FUND)	TI-
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ON FUND) Custodian of Records: Id possession of Committee	entify by name, address, (phone number	optional), and position of th	ne person in
Full Name	E BROENDEL		
Mailing Address	5342 BLACK OAK DRIVE		
	FAIRFAX		22032
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
CUSTODI	AN	Telephone number	662 2821
name and address of any	e and address (phone number optional) o designated agent (e.g., assistant treasure	f the treasurer of the commi r).	ttee; and the
of Treasurer Mailing Address	135 Dierdre Drive		
	Rochester	<u>NY</u>	14617
Title or Position ♥	CITY A	STATE	ZIP CODE
		Telephone number	
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A

	FEC Form	Revised 02/2003)															ı	 																	
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc.															ren	ts																	
	Mailing Address				<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	1						<u> </u>	<u></u>	<u></u>	<u></u>	 	 					 					<u> </u>	<u></u>	<u></u>	
	Mailing Address																																<u></u>		
									1				CI	TY					1		 		SI	ΓΑΊ	E,	△		1	Z	ΊΡ	C	_ DD			